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CONFIRMATION NO. 8323

SERIAL NUMB 10/523,219	ER	FILING OR 371(c) DATE 10/19/2005 RULE	·	CLASS 606	GROUP ART 3731		T UNIT	ATTORNEY DOCKET NO. JM-045 US	
** CONTINUING This applica	DAT ation	ach, Livermore, CA; ***********************************	08246 0		ch clain	ns bene	fit of 60/	401,2	26 08/01/20 <u>02</u>)
Foreign Priority claimed yes no 35 USC 119 (a-d) conditions yes no Met after met Verified and Acknowledged Examiner's Signature Initials ADDRESS				STATE OR COUNTRY CA	SHEETS DRAWING 18		TOTAL CLAIMS 20		INDEPENDENT CLAIMS 1
35023 TITLE Autologous wound	d sea	ling apparatus	<u>, -</u>						
RECEIVED	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following:				All Fees 1.16 Fees (Filing) 1.17 Fees (Processing Ext. of time) 1.18 Fees (Issue) Other Credit				